



# Professional Excellence Grant

## Claim Form

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Name of Event: \_\_\_\_\_

Location: \_\_\_\_\_

Dates: \_\_\_\_\_

Total Award: \$\_\_\_\_\_ Actual Expended \$\_\_\_\_\_

Return this form along with receipts, (for credit courses, proof of registration, successful completion of the course with a grade of C or better) and evaluation form no later than 30 days after the event. Utah State Library Division will reimburse actual money expended up to awarded amount.

Return to:

K. C. Benedict, Continuing Education Coordinator

Utah State Library Division

250 North 1950 West, Suite A

Salt Lake City, Utah 84116-7901

1-800-662-9150

[kbenedic@utah.gov](mailto:kbenedic@utah.gov)